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SUBJECT: WHO: 58TH WORLD HEALTH ASSEMBLY: MINISTERIAL  
MEETING ON THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

REF: A. STATE 74933

[1](#)B. GENEVA 1673

[1](#)1. SUMMARY. Secretary of Health and Human Services (HHS) Michael O. Leavitt and Ambassador Randall L. Tobias, U.S. Global AIDS Coordinator, invited the Ministers of Health from the fifteen focus countries of the President's Emergency Plan for AIDS Relief to meet with them during the 2005 World Health Assembly (WHA) in Geneva, Switzerland, on May 17, [1](#)2005. This Ministerial meeting has been a feature of the WHA since 2003. Dr. Julie Gerberding, Director of the HHS Centers for Disease Control and Prevention, and Dr. William [1](#)R. Steiger, Special Assistant to the HHS Secretary for International Affairs, also participated.

[1](#)2. The purpose of the meeting was to brief the Ministers and/or their representatives on progress in the Emergency Plan, and invite questions. The meeting provided an opportunity for the Secretary and Ambassador Tobias to have a candid discussion with these senior health officials on what is working well and what challenges remain at the country level as the implementation of the President's Emergency Plan for AIDS Relief moves forward. It also enabled senior Administration officials to continue to strengthen the communication channels necessary for more effective operation and implementation of the Emergency Plan at the national level, and reiterate the President's commitment to alleviate the suffering from and devastating impact of the AIDS pandemic on these countries and around the globe. END SUMMARY.

[1](#)3. Ministers of Health and/or representatives of the Ministries of Health from all the Emergency Plan countries except South Africa attended the meeting. These included Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, Tanzania, Uganda, Viet Nam and Zambia.

[1](#)4. Highlights from Secretary Leavitt's remarks included the following:

(a) The United States Government (USG) is committed to doing all we can to end the suffering and death caused by AIDS. The United States is pleased to say that we are devoting unprecedented resources to this crisis, and combating AIDS is one of President Bush's major foreign policy goals.

(b) The President's five-year, \$15 billion Emergency Plan for AIDS Relief is the largest and most ambitious commitment ever made by a single nation toward an international health initiative.

(c) The Emergency Plan includes both a pledge of support for a dramatic increase in our bilateral assistance in more than 100 countries and a commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria of \$1 billion over five years.

(d) HHS is working with Ambassador Tobias and the U.S. Agency for International Development (USAID) to implement these commitments by adapting the Plan to local circumstances. The U.S. five-year strategy outlines a strong blueprint for action.

[1](#)5. Ambassador Tobias's key points included the following:

(a) One of the vital tasks of the President's Plan is to provide support for in-country programs.

(b) The USG realizes there is a long road ahead, and is already planning a course of action for when the initial period of the President's Plan ends.

(c) The USG realizes the need to ensure the availability of drugs matches the speed with which people are put on treatment. As such, O/GAC is working with the HHS Food and Drug Administration (FDA) in the review of generic drugs.

(d) Under the expedited review process Aspen Pharmacare of South Africa has been granted tentative approval by HHS/FDA for its anti-retroviral treatment blister pack. HHS/FDA

tentative approval makes this product eligible for procurement under the President's Emergency Plan. (NOTE: Since May, HHS/FDA has given tentative approval to several other anti-retroviral drug products from manufacturers in India. END NOTE)

16. All Delegations in attendance spoke with the exception of Mozambique. The participating Ministers of Health were well-prepared; some spoke from prepared remarks. It was clear the Ministers were much more positive than they had been in past years, which indicates progress and increased understanding about the President's Plan. All expressed great appreciation of the U.S. support through the President's Plan; many invited Secretary Leavitt and Ambassador Tobias to visit their countries; and some expressed hope Secretary Leavitt will continue the momentum created at HHS over the last several years to work closely with countries in the fight against HIV/AIDS.

17. Several consistent themes emerged from the Ministers' presentations, comments and questions:

(a) Coordination - Ministers asked for the U.S. Government to redouble its efforts to coordinate Emergency Plan activities with those of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, the World Health Organization (WHO), the United Nations Joint Program on HIV/AIDS (UNAIDS) and independent non-governmental organizations (NGOs).

(b) National Capacity-Building - Ministers urged that the Emergency Plan create standard modules for training healthcare workers.

(c) Extension of Activities into Rural Areas - Ministers asked for the Emergency Plan in 2005 and 2006 to make even greater efforts to move beyond urban areas and capital cities to provide care and support to rural populations.

(d) Management and Leadership Training for Ministry Staff - Ministers asked for the Emergency Plan to support specific management and leadership training for key personnel within Ministries of Health and Provincial or District Health Departments.

(e) Drug Procurement - Ministers asked a number of detailed questions about the policies that govern the Emergency Plan's procurement of anti-retroviral medications. The level of misinformation to which the Ministers had been exposed and their lack of knowledge regarding U.S. policy spoke to the need of better and clearer communication with government officials in Emergency Plan focus countries around pharmaceutical issues.

18. Excerpts from the Ministers' remarks include the following:

Botswana: Appreciated the contributions of the President's Emergency Plan for AIDS Relief and reiterated the need for human resources development for sustainability. The Minister is working actively to implement the President's Plan, which includes active work with NGOs.

Cote d'Ivoire: Shares many of the problems of the other focus countries, including the need for equipment and infrastructure, expanded human resources for health and increased availability of anti-retrovirals and antibiotics;

Ethiopia: Making reasonable progress, but the Minister is not satisfied and sees room for improvement from the Ministry and the President's Plan, with renewed commitment and flexibility needed. He stressed the need for closer harmonization and collaboration, with sustainability at the forefront as implementation moves forward. The USG needs to help build capacity and strengthen health systems at the country level.

Guyana: Working closely with the USG, but the U.S. partnership is one among many. Guyana has a national coordinating mechanism for all HIV-related programs and views success against HIV/AIDS only possible if placed within the context of overall development. Like Ethiopia, the Minister requested help with capacity-building to strengthen the health sector overall.

Haiti: The Minister is grateful for U.S. assistance, and stated that with assistance from the President's Plan, six out of ten districts have anti-retroviral treatment for persons living with AIDS. Their reference laboratory will soon have safe blood-transfusion capacity. In Haiti, there is a high and increasing prevalence of HIV infection among females.

Kenya: While the Minister hopes to have 95,000 on anti-retroviral treatment by the end of 2005, 200,000 people need therapy. National HIV prevalence rates have decreased from 14 to seven percent. Kenya needs help to track funding so as not to duplicate efforts and maximize all resources

coming into the country. He cited a number of other challenges that have a negative impact on sustainability: 1) the World Bank/International Monetary Fund caps on hiring of civil servants limited the ability to hire health care workers, 2) the lack of infrastructure and of equipment, and 3) a lack of generic drugs.

Namibia: Latest sentinel survey indicated HIV prevalence rate of 19.4 percent, down from 22 percent in 2002. In 2001, Namibia began its prevention of mother-to-child transmission program; and in 2003 initiated both opportunistic infection and anti-retroviral treatment. By the end of 2005, they plan to have 10,620 people on anti-retroviral treatment. Namibia is using its own funds to purchase anti-retroviral medications, and funds from the President's Plan are underwriting capacity-building. The Minister stressed the need for flexibility in drug purchasing policies, including generic drugs.

Nigeria: Nigeria currently treats 28,000 people with anti-retroviral medications and projects to scale up to treatment of 40,000 people with anti-retroviral medicines by June 2005, 100,000 people by December 2005, and as many as 350,000 people by 2007. Nigeria has strengthened laboratory services in six states, and is training additional health personnel. Ongoing challenges include 1) coordination among implementing partners; 2) tracking activities and information; and 3) building capacity at both the state and federal levels. A major challenge is sustainability of treatment, including the need for generic anti-retroviral medicines as soon as possible. They are very appreciative of the HHS/FDA fast-track approval process.

Rwanda: Noted less stigma for people with AIDS, that local conditions for people with AIDS are improving and more of them are able to continue to work and contribute to their community. The Minister cited the need for more treatment, including psychological treatment, as well as epidemiological surveillance for HIV. Rwanda's current HIV prevalence rate is 11 percent, down from 13 percent. Rwanda would like to strengthen health systems and build capacity to ensure sustainability of ARV treatment and tuberculosis treatment, and expressed concern about antimicrobial resistance.

Tanzania: Noted a 7.7 percent HIV prevalence rate and hopes to enroll 200,000 people in anti-retroviral treatment programs in the coming year. They requested additional assistance with 1) the provision of drugs, including anti-retrovirals; 2) the building and strengthening of laboratory capacity; 3) help in the development of programs that jointly target HIV and tuberculosis; 4) increased voluntary counseling and testing; 5) expanded home-based care; 6) information systems development; 7) the implementation of monitoring and evaluation systems; and 8) the training of health workers.

Uganda: Expressed appreciation the President's Plan is helping to meet the challenges of HIV/AIDS, and reported its program is on track. The Executive Office of the President leads the national efforts with strong support from the Ministry of Health. Uganda needs sanitation and clean water to help with treatment. The Ugandan HIV/AIDS prevention program is based on "ABC" with all three strategies emphasized -- abstinence emphasized for youth, monogamy emphasized for married couples, and condom use emphasized for others; the current HIV prevalence rate is seven percent at the national level. By end of 2005, Uganda projects that 60,000 people will be on anti-retroviral treatment, and, by 2007, all in need will be on treatment, with a plan to give free anti-retroviral medicines to the poor, and a fee system for those who can afford to pay. Among the challenges are reaching people deep in the countryside and increasing treatment rates for malaria and tuberculosis.

Viet Nam: The increasing rates of HIV/AIDS are causing a great burden on Viet Nam, and the Government has invested resources for prevention and control initiatives. Viet Nam would like a bilateral framework agreement with the United States for HIV/AIDS and wants to work with the U.S. Government to develop a joint HIV/AIDS strategy for 2006. Viet Nam is considering tax waivers for the importation of drugs and medical supplies.

Zambia: The Minister stressed the need for better coordination among all donors, to maximize the existing resources for HIV/AIDS and development.

